EXHIBIT C

Doc 8062-3 Entered 05/14/10 16:29:20 Page 2 of 9 FORM B10 (Official Form 10) (10/05) - GWZ UNITED STATES BANKRUPTCY COURT L STRICT OF NEVADA (LAS VEGAS) PROOF OF CLAIM Name of Debtor USA Commercial Mortgage Company 06-10725--LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property) else has tiled a proof of claim relating to your claim Attach copy of statement Steven B Tomac and Laura J Tomac giving particulars Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard Check box if the address differs from the 3930 Howard Hughes Parkway 4th Floor address on the envelope sent to you by Las Vegas Nevada 89169 THIS SPACE IS FOR COURT USE ONLY Telephone number 702 222 2500 Check here replaces Last four digits of account or other number by which creditor if this claim a previously filed claim dated _ identifies debtor Account ID 3017 amends Basis for Claim Retiree benefits as defined in 11 USC § 1114(a) ☐ Goods sold ☐ Services performed Wages salaries and compensations (fill out below) Money loaned Last four digits of SS # Personal injury/wrongful death Unpaid compensations for services performed ☐ Taxes (date) (date) 2 Date debt was incurred See Attachment A 3 If court judgment, date obtained 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ Unknown (see Attachment A) Check this box if your claim is secured by collateral (including a) Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) Your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral Real Estate Motor Vehicle Other **Unsecured Priority Claim** Value of Collateral \$_ Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at time case filed included in entitled to priority secured claim, if any \$_ Amount entitled to priority Specify the priority of the claim Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or § 507(a)(7) ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's *Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter business whichever is earlier - 11 USC § 507(a)(4) with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan — 11 U S (§ 507(a)(5) 5 Total Amount of Claim at Time Case Filed Unknown Unknown (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges THIS SPACE IS FOR COURT USE ONLY 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim **FILED** 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the **NOV** 09 2006 documents are not available explain. If the documents are voluminous attach a summary 8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to USA CMC

file this claim (attach copy of power of attorney if any)

/s/ Scott D Fleming Esq

November 9 2006

| Case | e 06-10725-gwz | 062-3 Er | ntered 05/14/10 1 | 6:29:20 Pa | ge 3 of 9 |
|--|---|------------------------------------|--|---|--|
| | • . | PRO | OOF OF CLAIM | М | • |
| Name of Debtor | <u> </u> | Case Nu | ımber | | |
| COA Commer | cial Mortgage Constanty | 06-10 | 7725-LBR | | |
| This form should not be used arising after the commencem | of Debtors and Case Numbers I to make a claim for an administrative ient of the case A "request" for paym be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy | 9 | |
| TRUSTEE OI 7145 BEVER | Address 1132124100 FOMLIN AND DOROTHY R TOMLIN F THE DONALD S TOMLIN RLY GLEN AVE NV 89110-4228 | 08421 | Check box if you have never received any notices from the bankruptcy court o BMC Group in this case Check box if this addre | DO NOT FILE THE SECURED INTER | |
| O-dia Talahan Nambar | () = 0 = 1 = 2 0 = 1 | ~ | differs from the address on envelope sent to you by the court. | Bankruptcy Cour | ready filed a proof of claim with the tor BMC you do not need to file again CE IS FOR COURT USE ONLY |
| | () 702-453-607 other number by which creditor identif | | | | JE IS FOR COURT USE UNLT |
| | 1217 | mes debitor | Check here | places or a previously mends | y filed claim dated |
| 1 BASIS FOR CLAIM | | Retiree | penefits as defined in 11 U | JSC § 1114(a) | Unremitted principal |
| Goods sold Services performed | Personal injury/wrongful death Taxes | | salanes, and compensation of your SS #- | on (fill out below) | Other claims against service (not for loan balances) |
| Money loaned | Other (describe briefly) | | compensation for services | performed from | to |
| 2 DATE DERT WAS INCUR | RED VAVIOUS dates | 3 JF C | OURT JUDGMENT, DAT | E OBTAINED | (date) (date) |
| | AIM Check the appropriate box or boxe | | | | the time case filed |
| Check this box if a) there is exceeds the value of the pro | ry CLAIM \$-2,774,806 s no collateral or lien securing your claim or operty securing it or if c) none or only part | or b) your claim | SECURED CLAIM Check this box a right of setoff) Brief description | if your claim is secu) | orned follown) used by collateral (including |
| | an unsecured claim all or part of which is | | Real Estate Value of Collate | | e Other |
| Amount entitled to priority Specify the priority of the cla | \$ | | | e and other charges | at time case filed included in |
| i | aiiii ns under 11 U S C § 507(a)(1)(A) or (a)(1) | (B) | · · · · · · · · · · · · · · · · · · · | | o at sentel of preparty or |
| Wages salaries or commis before filing of the bankrupt | ssions (up to \$10 000)* earned within 180 tcy petition or cessation of the debtor's | - Low | Up to \$2 225* of deposits to services for personal family Taxes or penalties owed to | ly or household use - | 11 U S C § 507(a)(7) |
| business whichever is earli | | Ē | Other - Specify applicable | | = : * * * |
| Contributions to an employe | ee benefit plan - 11 U S C § 507(a)(5) | | * Amounts are subject to a with respect to cases com | | nd every 3 years thereafter a date of adjustment |
| 5 TOTAL AMOUNT OF CLA AT TIME CASE FILED | um \$-2,779,806 | \$ | \$ | | \$-2,779,806 |
| | (unsecured) | • | secured) | (prionty) | (Total) |
| Check this box if claim inclu | udes interest or other charges in addition | to the principal | amount of the claim Attach | n itemized statement o | of all interest or additional charges |
| 7 SUPPORTING DOCUM running accounts contract | of all payments on this claim has been MENTS <u>Attach copies of supporting</u> cts court judgments, mortgages, secu- cuments are not available, explain if i | <i>documents.</i> suinty agreement | ich as promissory notes, p s, and evidence of perfect | purchase orders, invition of lien DO NC | voices, itemized statements of |
| 8 DATE-STAMPED COP proof of claim | Υ To receive an acknowledgment of | of the filing of y | our claim, enclose a stam | nped, self-addressed | d envelope and copy of this |
| ACCEPTED) so that it is | pleted proof of claim form must be actually received on or before 5 00 y (including individuals, partnershij |) pm, prevailin | g Pacific time, on Nover | mber 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| BY MAIL TO BMC Group | | BY HAND BMC Gro | OR OVERNIGHT DELIVERY | то | |
| Attn USACM Claims Doci P O Box 911 | - | Attn USA 1330 Eas | .ĆM Claims Docketing Ce t Franklin Avenue | nter Fl | ED NOV 10 2006 |
| DATE SOL | SIGN and print the name and title if any this claim (attach copy of power of | of the creditor of | <i> </i> | Recorder | USA CMC |
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| - dase 00-10/25-gwz Duc 8002 | PRO | OF OF CLAIM | 29.20 Γα | ge 4 01 3 |
| Name of Debtor | Case Nu | mber | 1 | |
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| This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of | | |
| Name of Creditor and Address | | statement giving particulars | | |
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| LAS VEGAS NV 89117-5815 | | BMC Group in this case | | REST IN A BORROWER THAT IS NOT |
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| | | Check box if this address differs from the address on the | If you have air | eady filed a proof of claim with the |
| | | envelope sent to you by the | | or BMC you do not need to file again |
| Creditor Telephone Number () 702-233-6606 | | court | THIS SPACE | E IS FOR COURT USE ONLY |
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| Count of the D-3867 | deptor | Check nere replace or or amen | a previously | filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 11 U S | C & 1114(a) | Unremitted principal |
| MA Stoods sold V A Personal mury/wrongful death | | | | <u> </u> |
| 1/1/2 | Wages, s | salaries and compensation (| fill out below) | Other claims against service (not for loan balances) |
| Services performed N 🖾 Taxes | Last four | digits of your SS # | | (not for loan balances) |
| Marley loaned (V 🗗 Other (describe briefly) | Unpaid c | ompensation for services per | rformed from | to |
| | | empendence por | | (4-4-) |
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| 2 DATE DEBT WAS INCURRED APRIL 13-2006 | | OURT JUDGMENT, DATE O | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | t best descri | be your claim and state the amor | unt of the claim at t | the time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ | | · · · · · · · · · · · · · · · · · · · | | |
| Check this box if a) there is no collateral or lien securing your claim or b) | vour claim | Theck this box if you | our claim is secu | red by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of yo | | a right of setoff) | | |
| entitled to priority | | Brief description of | collateral | |
| UNSECURED PRIORITY CLAIM | | · · _ | _ | |
| heck this box if you have an unsecured claim all or part of which is | | Real Estate | → Motor Vehicle | Other |
| entitled to priority | | Value of Collateral | \$ | |
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| Amount entitled to priority \$ | | | | at time case filed included in |
| Specify the priority of the claim | | secured claim if any | > | |
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| business whichever is earlier 11 U S C § 507(a)(4) | 느 | Taxes or penalties owed to go | | • |
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| AT TIME CASE FILED (unsecured) | ls | ecured) DEL-VALL | Cononty /\//A | 16-5 TCINI (Total) |
| Check this box if claim includes interest or other charges in addition to the | - | | | |
| 6 CREDITS The amount of all payments on this claim has been cred | dited and d | educted for the purpose of m | naking this proof | |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting docu | <i>iments</i> , su | ch as promissory notes, pure | chase orders, inv | oices itemized statements of |
| running accounts contracts, court judgments, mortgages security a | areement | s and evidence of perfection | of lien DO NO | T SEND ORIGINAL |
| DOCUMENTS If the documents are not available, explain If the d | | | | |
| 8 DATE-STAMPED COPY. To receive an acknowledgment of the proof of claim SENT | e filing of y | our claim, enclose a stamped | d self-addressed | denvelope and copy of this |
| The original of this completed proof of claim form must be sent | t by mail o | r hand delivered (FAXES N | ЮT | THIS SPACE FOR COURT |
| ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c | , prevailin | g Pacific time, on Novembe | er 13, 2006 | USE ONLY |
| governmental units) | | , , | | |
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| Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue | | | LED NOV 10 2006 | |
| El Segundo CA 90245-0911 | | | | |
| | | lo CA 90245 | = | |
| SIGN and print the name and tittle if any of the this claim (attach copy of power of attorn | | owner person authorized to file | | USA CMC |
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3M B10 (Official Form 10) (10/05)

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| United States Bankrupicy Court | | DIST | RICT C |)⊦ <u>Neva</u> | <u>ada</u> | PROOF OF CLAIM |
| Name of Dubtor USA Commercial Mortgage Company | | | umber (| 06-1072 | | |
| NOTH This form should not be used to make a claim for an a of the case. A request for payment of an administrative expension | | | | | | |
| Name of Creditor (The person or other entity to whom the dubtor owes money of property) Robert W Um, an unmarried man | | else h your o giving | ias filed claim A g particu | a proof of Attach cop itars | ware that anyone f claim relating to by of statement | |
| Name and address where notices should be sent Robert W Ulm 414 Morning Glory Road | | notice case | es from | the bankri | never received an uptcy court in thi | 18 |
| St Marys GA 31558 Telephone number 912-673-6020 | | | ss on th | e envelope | ss differs from the e sent to you by | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor 3748 | | | k here claim | replace | | filed claim dated |
| Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other | STATILIKE: | W 7547 | W La Uı fro | 'ages sala ast four di npaid con | aries and compei igits of your SS a inpensation for se | in II U S C § III4(a) insation (fill out below) # ervices performed to (date) |
| 2. Date debt was incurred 02/02/04 and subsequently 02/02/04 and subsequently 02/02/04. | | 3 | | | ent, date obtain | ned |
| 4 Classification of Claim Check the appropriate box or bo Sec reverse side for important explanations Unsecured Nonpriority Claim \$ Unknown ✓ Check this box if a) there is no collateral or lien securing by your claim exceeds the value of the property securing it or only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or parentitled to priority Amount entitled to priority \$ Specify the priority of the claim ☐ Domestic support obligations under 11 U S C \$ 507(a)(1)(a)(1)(B) ☐ Wages salaries or commissions (up to \$10 000),* earned days before filing of the bankrupicy petition or cessation of the business whichever is earlier 11 U S C \$ 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U S C \$ | ng your clan r if c) none art of which)(A) or l within 180 e debtor s | im, or sor | Amou secure Jp to \$2 or services 507(a) Taxes or Other - Sounts are with response. | Check this tof setoff Brief Description Real E Value of Cont of arread claim 1 2 225* of cess for per 10(7) r penalties Specify apprecause to case | s box if your clair cription of Collatestate Moto Collateral \$_L arage and other claif any \$_Unkn deposits toward in the control of the co | teral or Vehicle Other— Unknown harges at time case filed included in nown purchase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) uph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter on or after the date of adjustment |
| 5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges interest or additional charges | ın addıtıon | | (unsecum principa | ed) | (secured) t of the claim At | (priority) (Total) |
| 6. Credits The amount of all payments on this claim has making this proof of claim 7 Supporting Documents Attach copies of supporting doorders invoices itemized statements of running accounts agreements and evidence of perfection of lien DO NOT documents are not available explain. If the documents are addressed envelope and copy of this proof of claim. Bate-Stamped Copy To receive an acknowledgment of addressed envelope and copy of this proof of claim. Date Sign and print the name and tile, if an | contracts of SEND OF evoluminous the filing of | such as court ju RIGIN, ous atta of your | s promis idgment AL DO ch a sur claim e | ssory note ts mortga CUMENT mmary enclose a s | es purchase ages security TS If the | THIS SPACE IS FOR COURT USE ONLY ED JAN 11 2007 |
| 01/08/06 file this claim (attach copy of power of | Pattorney | if any) | | • | | USA CMC |

| Case 06-10725-dwz Doc 8062-1 | | tered 05/14/10 16:2 | 9:20 Pa | ge 6 of 9 | | |
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| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | OOF OF CLAIM | | | | |
| Name of Debtor | | umber | | | | |
| USA Commercial Mortgage Company | 06-10 | 725-LBR | | | | |
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| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 | ense of an | Check box if you are aware that anyone else has filed a proof of claim relating | IF YOU ARE O | NLY OWED MONEY BY A BORROWEI | | |
| Name of Creditor and Address 11321242039399 VOGLIS MARIETTA 201 EAST 79TH STREET | | statement giving particulars Check box if you have never received any notices from the bankruptcy court or | | WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNDO NOT FILE THIS PROOF OF CLAIM FOR A | | |
| NEW YORK NY 10021 | | Check box if this address | ONE OF THE D | | | |
| Creditor Telephone Number (213 5 70 61 93 | | differs from the address on the envelope sent to you by the court | Bankruptcy Cou | already filed a proof of claim with the urt or BMC you do not need to file again | | |
| Last four digits of account or other number by which creditor identifies d | ebtor | | | THIS SPACE IS FOR COURT USE ONLY | | |
| | | Check here replace or if this claim amen | a previous | Bly filed claim dated | | |
| 1 BASIS FOR CLAIM | Retiree b | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal | | |
| Goods sold Personal injury/wrongful death Services performed Taxes | Wages | salaries and compensation (f | | Other claims against service (not for loan balances) | | |
| Money loaned Other (describe briefly), | | compensation for services per | formed from | to | | |
| 2 DATE DEBT WAS INCURRED | 3 IF C | OURT JUDGMENT, DATE O | DTAINED | (date) (date) | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | best descri | be your claim and state the amou | nt of the claim at | the time case filed | | |
| dee reverse side for important explanations | | SECURED CLAIM | and or and oranny ar | t the time case med | | |
| UNSECURED NONPRIORITY CLAIM \$ | | / | ur claim ie eac | ured by collateral (including | | |
| Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you | our claim ir claim is | a right of setoff) | | ured by conateral (including | | |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief/description of | collateral | | | |
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| entitled to priority | The state of the s | | | | | |
| Amount entitled to priority \$ | | | | s <u>at time case filed</u> included in | | |
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| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | П | Up to \$2 225* of deposits towar | | | | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | | services for personal family or | household use - | 11 U S C § 507(a)(7) | | |
| before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4) | 닏 | Taxes or penalties owed to gove | ernmental units - | 11 U S C § 507(a)(8) | | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | 니 | Other - Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter | | | | |
| | | with respect to cases commenc | ment on 4/1/07 a ed on or after the | and every 3 years thereafter to date of adjustment | | |
| 5 TOTAL AMOUNT OF CLAIM \$ \$\$ | 12 | 4.292.81 | | \$ 724 29285 | | |
| (unsecured) Check this box if claim includes interest or other charges in addition to the | principal a | red) mount of the claim Attach item | (priority) ized statement i | of all interest or additional charges 5 | | |
| 6 CREDITS The amount of all payments on this claim has been credit | ed and de | educted for the purpose of me | lung the same of | | | |
| running accounts contracts, court judgments, mortgages, security and | ents, suc | ch as promissory notes purch | ase orders inv | | | |
| DOCUMENTS If the documents are not available explain. If the doc 8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim | Juments a | ire voluminous, attach a sumi | many | | | |
| The original of this completed proof of claim form must be sent b | w mail ar | hand dalum - 1/FAVEO NO | | | | |
| for each person or entity (including individuals, partnerships, coil | verstieer | Doorfing towns and Mr. 1 | 40 | THIS SPACE FOR COURT USE ONLY | | |
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| Atta LICACIA CITATO DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA | IVIC Group |) | FILEU | JAN 12 2007 | | |
| P O Box 911 | 330 East I | M Claims Docketing Center Franklin Avenue | İ | ₩ f | | |
| El Segurido, CA 90245-0911 | guildo, CA 90245-0911 El Segundo CA 90245 | | | USA CMC | | |
| SIGN and print the name and title if any of the countries claim fattach copy of power of attorney attach copy of power of attach copy of attach copy of power of attach copy of attach | reditor or o r if any) | ther person authorized to file | | 1072502163 | | |
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|---|--|--|--|--|--|
| DISTRICTOR NEVANA PRO | OOF OF CLAIM YOUR CLAIM IS SCHEDULED AS | | | | |
| Name of Debtor Case Nu | | | | | |
| USA Commercial Mortgage Company 06-107 | Amount/Classification | | | | |
| | \$57 609 45 Unsecured | | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address: ZAWACKI A CALIFORNIA LLC PO BOX 5156 BEAR VALLEY, CA 95223-5156 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim extremely as the proof of claim as stated below. If the amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim extra the proof of claim as scheduled by the Debtor or pursuant to a filed claim. If the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim extra the proof of claim extra the proof of claim filed. If you have already filed a proof of claim with the Bankruptery Court or BMC you do not need to file again. | | | | |
| Creditor Telephone Number () | court. THIS SPACE IS FOR COURT USE ONLY | | | | |
| Last four digits of account or other number by which creditor identifies debtor | Check here replaces or a previously filed claim dated if this claim amends | | | | |
| 1 BASIS FOR CLAIM | penefits as defined in 11 U.S.C. § 1114(a) | | | | |
| Goods sold Personal injury/wrongful death Wages, | salaries, and compensation (fill out below) r digits of your SS # | | | | |
| | compensation for services performed from to | | | | |
| | (date) (date) | | | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best descri | | | | | |
| See reverse side for important explanations | SECURED CLAIM | | | | |
| UNSECURED NONPRIORITY CLAIM \$ 1,500,000.00 | Check this box if your claim is secured by collateral (including | | | | |
| Check this box if a) there is no collateral or lies securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is | a nght of setoff) | | | | |
| entitled to priority | Bnef description of collateral | | | | |
| UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is | | | | | |
| antitled to priority Value of Collateral \$ (INCNOUN) | | | | | |
| Amount entitled to priority \$ | Amount of arrearage and other charges at time case filed included in secured claim, if any: | | | | |
| Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | Up to \$2,225° of deposits toward purchase, lease, or rantal of property or | | | | |
| Wages salaries, or commissions (up to \$10 000)", earned within 180 days | services for personal, family or household use -11 U S C § 507(a)(7) | | | | |
| before filing of the bankruptcy petition or cessation of the debtor's | Taxes or ponalities owed to governmental units - 11 U.S.C. § 507(a)(6) | | | | |
| business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employed benefit plan 11 U.S.C. § 507(a)(5) | Other - Specify applicable paragraph of 11 U S C 5 507(a) () | | | | |
| Contrioditions to all employee parient plant (1030 \$307(2)(3) | Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment | | | | |
| 5 TOTAL AMOUNT OF CLAIM \$ /500,000 .00 \$ /50 | \$ 1,500,000,00 | | | | |
| AT TIME CASE FRED | (secured) (priority) (Total) | | | | |
| Check this box if claim includes interest or other charges in addition to the principal | I amount of the claim Attach itemized statement of all interest or additional charges | | | | |
| 6 CREDITS' The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim | | | | | |
| The original of this completed proof of claim form must be sent by mai | or hand delivered (FAXES NOT THIS SPACE FOR COURT | | | | |
| ACCEPTED) so that it is actually received on or before 5 00 pm, prevail | ing Pacific time, on November 13, 2006 USE ONLY | | | | |
| for each person or entity (including individuals, partnerships, corporat | | | | | |
| governmental units) BY MAIL TO BY HAND BMC Group BMC Gr | O OR OVERNIGHT DELIVERY TO OUP FILED JAN 1 9 2007 | | | | |
| Attn USACM Claims Docketing Center Attn US | | | | | |
| | st Franklin Avenue ndo, CA 90245 | | | | |
| DATE SIGN and print the name and title lif any of the creditor of | r other person authorized to file USA CMC | | | | |
| 1-12-07 Whis claim (attach copy of power of attorney, if any) | N T. NECSON | | | | |

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U S C \$\$ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

| United States Bankruptcy Court | | | | | |
|---|---|--|--|--|--|
| Name of Dubtor | PROOF OF CLAIM | | | | |
| USA COMMERCIAL MOTGAGE COMPANY | | | | | |
| NOTH This form should not be used to make a claim for an adminis | strative expense arising after the commencement |] | | | |
| of the case. A request for payment of an administrative expense ma | ay be filed pursuant to 11 USC § 503 | | | | |
| Name of Creditor (The person or other entity to whom the | Check box if you are aware that anyone else has filed a proof of claim relating to | | | | |
| dcbtor owes moncy or property) | your claim Attach copy of statement | | | | |
| ANTHONY J. ZERBO AN UNMETTED MAN | THONY J. ZERBO AN UNMETTICE MAN giving particulars | | | | |
| Name and address where notices should be sent | Check box if you have never received any notices from the bankruptcy court in this | | | | |
| ANTHOUYTIZEFBO 780 SAFATOGA AUC. Apr. 5-107 | case Check box if the address differs from the | | | | |
| Telephone number 4 65129 44-4662 | address on the envelope sent to you by | THIS STACE IS FOR COURT USE ONLY | | | |
| Last four digits of account or other number by which creditor | the court Check here replaces/0/20/06,10/2 | 3/06,10/24/06,1,02,07 | | | |
| identifies debtor | if this claim amends a previously file | d claim dated | | | |
| 1 Basis for Claim | Retiree benefits as defined in I | | | | |
| Goods sold Services performed | Wages salaries and compensa Last four digits of your SS # | | | | |
| Money Ioaned | Unpaid compensation for serv | | | | |
| Personal injury/wrongful death | | 0 | | | |
| Taxes Seeex hibit A" | (date) | (date) | | | |
| 2 Date debt was incurred APRIL 2004 | 3 If court judgment, date obtained | | | | |
| 4 Classification of Claim Check the appropriate box or boxes th | nat best describe your claim and state the amount | of the claim at the time case filed | | | |
| See reverse side for important explanations | Secured Claim | | | | |
| Unsecured Nonpriority Claim \$ 878,833.25 | Check this box if your claim is | s secured by collateral (including | | | |
| Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or | | | | | |
| only part of your claim is entitled to priority Brief Description of Collateral Charles Value of Motor Value of Collateral | | | | | |
| Unsecured Priority Claim | Value of Callatonal & | Vehicle Other——— | | | |
| Check this box if you have an unsecured claim all or part of ventitled to priority | | | | | |
| Amount entitled to priority \$ | Amount of arrearage and other char secured claim if any \$ \(\frac{1}{2}, \frac{5}{5} \) | | | | |
| Specify the priority of the claim | Up to \$2,225* of deposits toward pur | | | | |
| Domestic support obligations under 11 USC \ 507(a)(1)(A) of (a)(1)(B) | or services for personal family or ho § 507(a)(7) | usenoid use 11 U S C | | | |
| Wages salaries or commissions (up to \$10 000) * earned with | Taxes or penalties owed to government | ntal units - 11 U S C § 507(a)(8) | | | |
| days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 USC \$ 507(a)(4) | or s United - Specify applicable paragraph | - , , , | | | |
| Contributions to an employee benefit plan - 11 USC \ 507(a) | | /07 and every 3 years thereafter r after the date of adjustment | | | |
| 5 Total Amount of Claim at Time Case Filed | \$878855,05 Q18 8552 | 5 878 855.25 | | | |
| (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all | | | | | |
| interest or additional charges | | | | | |
| 6 Credits The amount of all payments on this claim has been making this proof of claim | redited and deducted for the purpose of | THIS SPACE IS FOR COURT USE ONLY | | | |
| 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase | | | | | |
| orders invoices itemized statements of running accounts contracts court judgments, mortgages, security | | | | | |
| agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary | | | | | |
| 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-FIFD JAN 1 0 2007 addressed envelope and copy of this proof of claim | | | | | |
| | | | | | |
| Date Sign and print the name and title if any of the this claim fattach copy of power of atto- | the creditor or other person authorized to | | | | |
| 1/8/07 Unthony & Fest | 18-1 | LISA CMO | | | |
| ANTHONY J. ZERBO | | USA CMC | | | |
| Penalty for presenting fraudulent claim. Fine of up to \$500,000 or | Imprisonment for up to 5 years or both 10110 | 1072501952 | | | |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT | D | ISTRIC | r OF | Nevada | | |
|--|----------|---|--------------------|--|----------------------------------|----------------------|
| Name of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR | | | PROOF OF CLAIM | | | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | | | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): Marshall R. Zerbo, a single man Name and address where notices should be sent: Marshall R. Zerbo 250 W El Camino Real Apt # 5100 | ye gi | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. | | | | |
| Sunnyvale, CA 94087 Telephone number: (408) 773-1733 | ac th | Check box if the address differs from the address on the envelope sent to you by the court. | | | THIS SINCE IS FOR COURT USE ONLY | |
| Last four digits of account or other number by which creditor identifies debtor: Client ID=6873 & Acct ID = 6957 | 1 | heck her this clai | _ | amends a previou | ısly filed | claim, dated: |
| 1. Resis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SEE EXHIBIT "A" | | | Wag Lasi Ung | ree benefits as definges, salaries, and cout four digits of your baid compensation f | mpensati SS #: or service | on (fill out below) |
| 2. Date debt was incurred: 25 JULY 2005 | 3 | . If e | ourt | judgment, date ob | tained: | |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file See reverse side for important explanations. Unsecured Nonpriority Claim \$ 150,629.65 Check this box if: a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ | | | | | | |
| 5. Total Amount of Claim at Time Case Filed: | | | aued) | (secured) | (pri | 150629.65 (Total) |
| Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits: The amount of all payments on this claim has been and its dead deduced for the claim. | | | | | | |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (stach copy of power of attority, if 1977) | | | | | | |